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|--|--|-------|--------------------------|--|------------|--|-------|----------|
| CLAIMANT'S NAME Kathy Radtkey-Gaither | | | SSAN OR EMPLOYEE NUMBER* | | | DEPARTMENT Governor's Office | | |
| POSITION Undersecretary | | | CB/D NUMBER | | | DIVISION OR BUREAU Office of the Secretary of Education | | |
| | | | | | | INDEX NUMBER 131 | | |
| RESIDENCE ADDRESS * | | | HEADQUARTERS ADDRESS | | | TELEPHONE NUMBER | | |
| 121 L Street #600 | | | 1121 L Street #600 | | | 916-322-9204 | | |
| CITY | | STATE | ZIP CODE | | CITY | | STATE | ZIP CODE |
| Sacramento, | | CA | 95814 | | Sacramento | | CA | 95814 |

| 1) MONTH/YEAR April 09 | | (3) LOCATION WHERE EXPENSES WERE INCURRED | (4) LODGING | (5) MEALS | | | (6) INCIDENTALS | (7) TRANSPORTATION | | | | | (8) BUSINESS EXPENSE | (9) TOTAL EXPENSES FOR DAY |
|---------------------------|------|--|----------------|--------------|-------|---------------------------------------|--------------------|--------------------------|---------------------|--------------------------------------|------------------------|-------|----------------------------|-------------------------------------|
| 2) DATE | TIME | | | BREAK-FAST | LUNCH | O.T., L/T, N/C, RELO. OR DINNER | | (A) COST OF TRANS. | (B) TYPE USED | (C) CARFARE, TOLLS, PARKING | (D) PRIVATE CAR USE | | | |
| | | | | | | | | | | MILES | AMOUNT | | | |
| 03 | 1300 | Sacto/San Diego | | | | 18.00 | | | | 15.00 | 11.3 | 6.25 | 9.95 | 49.20 |
| 04 | 1700 | San Diego/Sacto | 167.72 | 6.00 | 10.00 | | 2.49 | | | 40.00 | 11.36 | 6.25 | | 232.46 |
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| 10) SUBTOTALS | | | 167.72 | 6.00 | 10.00 | 18.00 | 2.49 | | | 55.00 | 22.72 | 12.50 | 9.95 | 281.66 |

| COLUMN CODE (ACCTG. USE ONLY) | |
|-------------------------------|-----------|
| CLAIM TOTAL | \$ 281.66 |

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| 11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) 4/3 - 4/09 Meeting with U.S. Secretary Arne Duncan, San Diego CA. | (12) NORMAL WORK HOURS |
| Note: Hotel overage due to hotel price including state rate. | (13) PRIVATE VEHICLE LICENSE NUMBER 5MJH400 |
| Note: Parking over limit due to time constraints. | (14) MILEAGE RATE CLAIMED |
| | |
| | AGENCY ACCOUNTING OFFICE USE ONLY |
| | PAID BY REVOLVING FUND CHECK NUMBER |
| 15) I HERBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, and 0754 pertaining to | |

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| vehicle safety and f CLAIMANT'S \$ | DATE 4/14/09 | (16.) \$ |
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